DOCUMENT RESUME

ED 278 750 UD 025 328

AUTHOR Milburn, Norweeta G.
TITLE Social Support: A Critical Review of the Literature as it Applies to Black Americans. Occasional Paper No. 26.
INSTITUTION Howard Univ., Washington, D.C. Inst. for Urban Affairs and Research.
PUB DATE 86
NOTE 75p.
AVAILABLE FROM Institute for Urban Affairs and Research, 2900 Van Ness Street, N.W., Washington, D.C., 20008, ($5.00, $4.00 each for 10 copies or more).
PUB TYPE Information Analyses (070)

EDRS PRICE MF01 Plus Postage. PC Not Available from EDRS.
DESCRIPTORS *Blacks; *Coping; Counseling; Economic Factors; Helping Relationship; *Interpersonal Relationship; *Mental Health; Quality of Life; Reference Groups; *Social Networks; *Social Support Groups

ABSTRACT

Social support is a significant component of mental health; yet, it has not been examined extensively among black Americans. This paper is a critical review of the research literature on informal social support. The review identifies how social support is conceptualized and defined, the importance of social support for mental health, and the sources of social support among black Americans. The following findings are among those listed: (1) people seeking assistance from sources other than their social support group are dissatisfied with their social networks; (2) people make different demands on the social support network, depending upon their socioeconomic status, sex, and age; (3) lack of social support is related to distress; (4) among blacks, social support networks mainly provide instrumental and emotional support, including child care and economic assistance; (5) those with limited resources do not always benefit from increased contact with network members; and (6) identifying the structural and process-oriented characteristics of one's own social network and one's client's social network can lead to more effective and appropriate intervention strategies. Guidelines on how practitioners can apply the implications of research on social support in program development are provided. Extensive references and a selected bibliography on social support are appended. (PS)

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Social Support: A Critical Review of the Literature as it Applies to Black Americans

by

Norweeta G. Milburn, Ph.D.

OCCASIONAL PAPER No. 26

Institute for Urban Affairs and Research
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1986

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ACKNOWLEDGEMENTS

This occasional paper was developed from an idea proposed by Dr. Lawrence E. Gary, the Director of the Institute for Urban Affairs and Research at Howard University. To his credit, Dr. Gary emphasized the importance of analyzing research findings on informal social support to understand the practical implications of these findings for improving the psychological well-being of Black Americans. I appreciate the invaluable assistance of Dr. Diane R. Brown and Dr. Roderick J. Watts who provided comments on earlier drafts of this manuscript; Dr. William W. Dressler who provided enlightening, constructive criticism in his review; and Ms. Amybelle Wright, Ms. Lesa Garland and Ms. Bessie Jones who typed the drafts; and Ms. Courtney Bullard and Ms. Jackie Booth who conducted some of the library research.

ABSTRACT

Social support is a significant component of mental health; yet, it has not been examined extensively among Black Americans. This paper is a critical review of the research literature on informal social support. The review identifies how social support is conceptualized and defined, the importance of social support for mental health, and the sources of social support among Black Americans. In addition, guidelines as to how practitioners can apply the implications of research on social support in program development are provided.

CHAPTER I

INTRODUCTION

Purpose

Informal social support, the tangible and intangible assistance that people receive from family members and friends, is receiving increased attention from researchers and scholars (Gottlieb, 1978; Mitchell & Trickett, 1980; Broadhead, et al., 1983; Leavy, 1983). Part of this interest can be attributed to epidemiological studies that attempted to link life stresses such as retirement or the death of a spouse with diseases, in particular, ill health and distress. The findings from these studies suggested the impact of life stressors was not as detrimental as was initially assumed. A reasonable explanation for this occurrence was social support; people received assistance from others in their social environment that mitigated the effects of stressful life events (Lin, Woelfel & Light, 1985). Studies (e.g., Gurin, Veroff, & Feld, 1960) have documented that people do not turn to mental health professionals when they are distressed. They go to their families, friends, and other significant people in their social environment including their ministers or family doctors (Gottlieb, 1983).

In addition, the concept of social support allows social scientists to look at the interface between people and their environments by focusing on "the qualities of social environments

that help people to develop resources and cope effectively" (Gottlieb, 1983: p. 280). The emphasis on social support has evolved at a time when social scientists are becoming concerned about understanding the ways in which both the characteristics of individuals' social environments and individuals' personal traits affect behavior. (See Endler and Magnusson, 1976 for a review of the literature.) Social scientists are also interested in doing action-oriented research that encourages examining and strengthening the ongoing coping resources of people (Rappaport, 1977).

Despite the growing interest in informal social support, little attention has been given to examining informal social support among Black Americans. Sex rather than race has been the sociodemographic characteristic that has been looked at the most consistently (Leavy, 1983). Well-known social support researchers such as Gottlieb (1983) only make passing mention of ethnic and minority differences and much of the research that has been done such as Stack's (1974) well-written account of extended families and Belle's (1982) in-depth analysis of mothers has focused only on low-income Black Americans.

The purpose of this paper is to provide both a conceptual framework for studying informal social support among Black Americans, and an overview of the social support literature that can be applied to Black Americans. The paper integrates empirical, ethnographic, and theoretical work drawn from anthropology, sociology, epidemiology, and psychology. At first, this approach may seem somewhat eclectic. Nonetheless, social support has been studied in a number of different fields, and to

fully understand as well as appreciate this phenomenon, a multidisciplinary approach is needed. The paper is divided into several chapters. The first chapter defines social support and social support networks. Emphasis is placed on showing how research on social support has evolved from work that focused on social network characteristics to work that is beginning to acknowledge the complexity of social support. Next, the paper examines two important roles of social support: its role in the help-seeking process, and its role as a stress-buffer. As we will see, these two roles are somewhat related and not mutually exclusive. The third chapter focuses specifically on the different sources of social support within the Black community. These resources include the family, which is the primary source of support for many people; friends, and additional community resources such as neighbors, ministers and various informal caregivers. Lastly, the paper provides concluding remarks on social support among Black Americans and practical applications such as guidelines for practitioners. These guidelines are suggestions for using some of the information highlighted in this paper in daily practice with clients seeking help for mental health-related problems.

Definition of Social Networks and Social Support

Individuals' social networks are perceived by social scientists to be the source of their social support. Consequently, researchers have focused on studying the dynamics of these networks. They assumed, as they undertook their research, that an increased knowledge of the underlying base for social

support, that is the social network, would lead to a greater understanding of social support.

Social networks are defined as structural configurations of relationships among people. Social support can be a by-product of or result from these relationships (Gottlieb, 1981). It is a resource provided by social network relationships. Social networks can be as small as a dyad representing a married couple or a large social circle encompassing a number of relatives, friends and acquaintances. All social networks do not provide social support but those that do can be called social support networks.

Some researchers might argue that social networks and social support are two distinct concepts that should be kept separate to avoid definitional and analytical confusion (Dressler, 1986, Note 1). However, because previous research has not always clearly differentiated between the two concepts, the author believes that to get an accurate picture of how research on social support has evolved, social support has to be viewed as the resource that is provided by a social support network. In this instance, a social support network is a network of individuals to whom a person is close in feelings and relies on for assistance in times of need (Gary , Brown, Milburn, Thomas, & Lockley, 1984).

Figure 1 provides an overview that helps to clarify the distinction between social networks and social support networks. As can be seen in the diagram, virtually all individuals (with the exception of those individuals who are severely emotionally impaired and cannot interact with other individuals) have a large social network consisting of all of their social contacts. These

contacts include relatives, friends, neighbors and co-workers as well as other people they interact with at church and voluntary association meetings such as those of social clubs or fraternities/sororities or when getting services such as having one's hair done. Subsumed within this large network of social contacts are those individuals with whom an individual has frequent or regular meaningful contact, feels close to and depends upon for assistance. This subset of the social network is the individual's social support network. Usually, those individuals are family members such as parents, siblings and spouses, and same-sex friends (Milburn, Thomas, & Gary, 1984).

For the most part, social support has been operationalized and defined by researchers in three ways. Research at the macro level has defined social support as a form of social integration. These studies focus on social participation such as involvement in voluntary organizations and other community institutions.

On the mezza level research has taken a more traditional network approach by focusing on characteristics of the social support network such as its density or size. Social scientists, in particular anthropologists and sociologists, have been studying social networks for a number of years. Barnes' (1972) classic anthropological study of the social dynamics of a Norwegian fishing village introduced and operationalized the concept of a social network, a set of points representing people connected by lines indicating the paths of interaction between these individuals. Drawing upon his initial concept, researchers have continued to refine the definition of social networks (Bott, 1972; Mitchell, 1969; Lin, Ensel, Simeone, & Wen, 1979). One frequently

cited in the literature is Mitchell's (1969) definition of social networks as

> "a specific set of linkages among a defined set of persons, with the...property that the characteristics of these linkages as a whole may be used to interpret the social behavior of the persons involved" (Mitchell, 1969: p. 2)

Lastly, micro level analysis has defined social support in terms of the processes of individuals' close interpersonal network relationships (Gottlieb, 1981). Because these micro level studies are process-oriented, they are often qualitative. The ethnographic work on Blacks, for example, Billingsley's (1968) work on Black families, fits into this category. Recent work by psychologists (e.g., Shumaker & Brownell, 1984) is also process-oriented but with a behavior-specific perspective.[1]

Shumaker and Brownell (1984) approach social support from a social-psychological perspective. In doing so, they think of the overall functions of social support in terms of appraisal and needs gratification. Specifically, they note social support is an exchange of resources between key actors, the "recipient" and the "donor." This approach begins to apply psychological analysis of discrete behaviors, the context or environment the behaviors occur

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[1] This paper will draw primarily from the mezza level of analysis because most of the research, thus far, has been done in this area. However, macro and micro levels of analysis will be discussed when appropriate in subsequent sections. The study of social support is relatively new, and moving from one paradigm or model to another may facilitate understanding this phenomenon among Blacks. Researchers, though, are beginning to increasingly turn their attention to the micro level of analysis as they acknowledge more and more that the concept of social support is tapped more specifically by the content of social network relationships rather than the structural configuaration of these relationships (Dressler, 1986, Note 1).

in and the consequences of these behaviors, to the study of social support.

There are different types of social support provided by social support networks: emotional support (providing empathy and concern for a person), instrumental support (giving material, financial or physical assistance), informational support (providing information, guidance or training that can help a person solve a problem), and appraisal support (helping a person to evaluate his/her own performance) (Leavy, 1983; Mitchell & Trickett, 1980).

Researchers have attempted to operationalize these categories of support as specific behaviors to more accurately examine the effects of different types of social support on psychological well-being and to examine whether this typology is valid. For example, Barrera and Ainlay (1983) developed a 40-item Inventory of Socially Supportive Behaviors (ISSB). With a sample of college students, they found three support factors analogous to several of the categories. Directive guidance, one factor, consisted of behaviors that encompassed informational and appraisal support such as teaching a person how to do something that developed a new skill. Nondirective support, a second factor, included behaviors related to emotional support, for example, listening to an individual's personal feelings or private thoughts. The third factor, tangible assistance, was comprised of behaviors pertaining to instrumental support, loaning money or helping with a specific task. Strong and Glidewell (1983) in reporting findings on the type of support sought by people suggest that informational support has two parts which form a continuum: resolution and

information. Resolution involves actually helping to solve the problem, while, information is giving advice or a suggestion that may lead to resolving the problem.

However, there seems to be some overlap in these categories which suggests that there is an underlying component of social support which this typology does not isolate: the nature of the interaction between people seeking support and people providing support. Additional typologies that define social support as a transaction resulting from the interaction between people seeking support and people providing support remain to be identified (Shumaker & Brownell, 1984).

In addition to the ISSB created by Barrera and Ainlay (1983), other measures of social support have been developed. Tardy (1985) reports on a number of these instruments in an excellent review. These include the Arizona Social Support Interview Schedule (Barrera, 1980, 1981) which taps network size, conflicts within the network, and satisfaction with support from the network; a 20-item scale that measures perceived emotional social support developed by Procidano and Heller (1983); a questionnaire (McFarlane, et al., 1981) that measures reciprocity within the support network, the availability of support, satisfaction with support, the source of support and the type of support provided; and, the Social Support Questionnaire developed by Sarason and his colleagues (1983) that assesses the availability of support and satisfaction with support provided. Other researchers have used vignettes to tap social support (Turner, 1981) and measures of "significant rela hips" within individuals' social networks (Jones & Fischer, 197 lips & Fischer, 1981; Fischer, 1982)

(Tardy, 1985). In addition, the author and her colleagues have developed and used measures of structural characteristics of social networks and social support networks in samples of Black Americans (for example, see Gary, et al., 1984). These characteristics include the composition of the social network, its density, the amount of contact individuals have with network members, the durability of network relationships, and reciprocity among network members.

Social Network Characteristics and Social Support

Researchers such as Wellman (1981) argue that network analysis should be used to examine social support. The relationships among people are complex, hence, both the supportive and nonsupportive aspects of these relationships must be taken into account. A social network approach views ties, contacts, or relationships among people in a way that allows for their "multifaceted" nature (Wellman, 1981).

Social networks are characterized in a number of ways. Mitchell (1969) described networks in terms of their morphological and interactional characteristics. Morphological characteristics "refer to the relationship or patterning of links in the network with respect to one another" (Mitchell, 1969, p. 12). These morphological characteristics, usually referred to as structural characteristics, move beyond the individual relationships of people in the social network, and take into account the total network by including all of the network contacts or relationships (Shulman, 1976). The social network's total sphere of

interrelationships can be described by structural factors. They include:

1. anchorage - the focal or reference person sometimes called the "Ego";
2. density - the extent people in the social network contact one another without going through the anchorage or focal person, usually operationalized as the proportion of all actual relationships divided by all possible relationships (Barnes, 1972; Hirsch, 1980; Hirsch, 1979);
3. reachability - the extent people in the network are accessible to each other;
4. range - the number of people who have direct contact with the focal person;
5. size - the number of people within the social network;
6. degree of connexion-"the average number of relationships each person has with others in the...network;"
7. clusters - parts of the network with many contacts;
8. congruence, whether individuals' perceptions of network relationships are in agreement with one another (Shulman, 1976: p. 311).

Various structural characteristics are sometimes referred to by different terms in the literature but the definitions are inherently the same. For example, Barnes (1972) referred to density as "mesh", while Bott (1972, p. 348) calls it "connectedness".

Interactional characteristics describe the nature of the relationships between people in the network (Mitchell, 1969). These factors include:

1. durability - the rights and duties of the relationships that have lasted over time;
2. directedness, whether there is reciprocity in the relationship;
3. content or multiplicty, the meaning of the relationship;
4. intensity, "the degree to which people are prepared to honor obligations or feel free to exercise the rights implied in their links to some other person;"
5. frequency, the occurrence of regular contact (Mitchell, 1969: p. 27);

6. diversity, whether the dynamics of the relationship extend to a number of social settings (Shulman, 1976).

The use of both structural and interactional characteristics of social networks has been an important feature of studies that relate to social support. For example, Bott (1972) found network density was associated with marital role relationships. People in more dense networks received less support from spouses. Network density, in Bott's study of working class English families, seemed to be related to both personal and situational factors such as the economic relationships among members of the network and the type of neighborhood people lived in (Bott, 1972). Members of dense networks relied on other network members for access to jobs. Network members would tell other members about a job opening at their factory. Members of dense networks also tended to live in neighborhoods that they grew up in so they were part of a strong kin network. Belle (1982) found several network characteristics, including the size of the network, the proximity of network members, and the frequency of interaction were related to social support. For example, women with larger networks had more emergency child care.

Researchers have frequently only looked at one network characteristic, usually density, when examining the relationship between networks and social support. This may not be the best approach, given that networks classified as highly dense can have other varying structural characteristics which make them uniquely different (Wellman, 1981). Additional characteristics such as network clusters and anchorage should be examined as well to accurately categorize the network. Stokes (1983) in reviewing

several studies (Hirsch, 1980; Wilcox, 1981) which showed less dense networks were supportive for women undergoing life transitions, i.e., a divorce, observed that it was not density per se which made a difference. It was the composition of the network. Supportive networks were not just less dense. Either they had fewer relatives in them or more clusters of friends who were not linked to relatives in the network.

Characteristics such as the importance and inequity of various network ties may also be correlated with social support. Granovetter (1976) has noted that "weak ties" can serve as bridges that allow for the dissemination of innovative information among a wide range of people. Weak ties may be a source of informational support. One can speculate that these ties may in turn lead to better coping strategies. Not only do the ties provide social support in the form of information; in addition, they may result in more and different kinds of information being brought to bear on an issue of concern. The problem is probably more likely to be addressed since several alternatives for solving it are present.

The Problems Associated with Relying on Social Network Characteristics to Measure Social Support

The previous discussion has shown that social networks can be a source of social support. Using characteristics of social networks to categorize them by type and linking these typologies to social support have contributed somewhat to our understanding of social support. Research evidence (Granovetter, 1976; Craven & Wellman, 1973) suggests that different types of social networks provide different types of support. For example, less dense

networks with loose ties among people provide informational support in the form of new information, while more dense networks with strong ties provide emotional support (Craven & Wellman, 1973). Both the structural and interactional characteristics which have been described thus far can be considered part of the overall structure of social support networks since they pertain to aspects of the relationships among network members - the number of linkages, as well as their durability, intensity, directedness and so forth. The structure of social support networks is just one component of social support. Structural characteristics assess the quantitative aspects of social support. Equally as important are the qualitative aspects, the quality or perceived worth of the network relationships.

Two additional components of social support deserve attention to fully understand the qualitative aspects. One is the content or the type of form the support takes; whether it is emotional, instrumental, informational or appraisal support. The other is its process, the way in which people initiate and make use of supportive relationships (Leavy, 1983). As Leavy (1983) succinctly puts it "support includes both the structure and content of helping relationships available in the environment, and the process by which individuals make use of those links" (p. 17).

The line of research that has focused on the overall structure of network relationships has not been sufficient; because one structural characteristic is usually examined while other characteristics are excluded (Wellman, 1981). A more complete account of social networks, and hence, social support may have emerged had this not occurred. Researchers, due to various

economic, disciplinary, and methodological constraints, often focus on one small part of a total phenomenon ending up with findings that are indicative of the part they were studying but not representative of the entire phenomenon.

A review (Gourash, 1978) of the literature on social networks and social support emphasizes that structural characteristics of social networks have not proven to be satisfactory in studying social support. Findings on the effects of network structural characteristics, such as size, on social support have been inconclusive. This review further suggests there are four functional characteristics or roles of social networks that begin to address why people use their social support networks when they are distressed. In addition, the roles address the process of social support (Leavy, 1983) by telling us what purposes social support networks serve for people. Social networks "(buffer) the experience of stress which alleviates the need for help; (preclude) the necessity for professional assistance through the provision of instrumental and affective support; (act) as screening and referral agents to professional services; and (transmit) attitudes, values and norms about help-seeking" (Gourash, 1978: p. 416). These functions can be summarized as the stress-buffering, preventive, screening and referral, and socializing roles of social support networks. The stress-buffering and preventive roles of social support networks, in particular, have been emphasized by researchers with a mental health perspective.

CHAPTER II

THE SIGNIFICANCE OF SOCIAL SUPPORT FOR MENTAL HEALTH

Introduction

Social support is receiving increased attention in the mental health arena. Two tracks of research have dominated this area. One track, quite logically, has flowed from the other. Researchers have observed that people use informal sources of social support, social networks, when they have problems or need help (see Gourash, 1978 for a review of the literature). Second, in keeping with their thinking of social networks in a preventive role as sources for social support or help with problems, researchers have considered social support to be a mechanism people use to cope with critical life stresses; it is viewed as a stress-buffer. Life stresses such as the birth of a child or the death of a spouse have been examined to see if social support helps to mediate an individual's responses to stressful events (Crnic, et al., 1983). Social support is thought to lessen the impact of these events on mental well-being. As can be seen from the examples, stressful life events do not necessarily have to be negative, but even positive life changes such as becoming a parent for the first time can impact on an individual's well-being. Both the preventive role of social support in terms of its influence on help-seeking behavior and the role of social support as a stress-buffer will be discussed in the sections that follow.

The Influence of Social Support on Help-Seeking Behavior

Researchers studying help-seeking behavior, or how people go about getting assistance for problems, have found that people use both formal institutions and informal sources of social support when they need help. Studies such as Hendricks, Howard, and Gary (1981), McKinlay (1973), and Linn and McGranahan (1980) suggest the use of and preference for formal institutions when seeking help depend upon demographic factors such as education level, income, marital status, age, race, and employment status as well as other factors such as marital stability. McKinlay (1973) found economic status based on employment and marital stability characterized users and nonusers of formal institutions. In his study, users of formal services had employed spouses and more stable marriages. Linn and McGranahan (1980) found in a sample from Wisconsin that adults with more education and young adults with marital problems were more likely to seek formal counseling. Studies (for example, see Windle, 1980) have shown that minorities tend to use professional services less than whites. National data suggest many Black Americans use informal support systems, social networks, for help: kin, friends, neighbors, and co-workers. Preliminary findings indicate 87.1 percent of this national sample used these informal networks for help with their problems (Neighbors, 1981). In addition, findings from this data suggest Black women seek informal and formal help more than Black men do and a trend in the data indicates men often are less likely to seek help for problems than women are (Neighbors & Jackson, 1984).

These studies not only illustrate that individual differences, such as demographic characteristics and personal preferences influence where a person goes for assistance with a problem, but they also suggest that the type of problem a person has influences his/her choice of helping resources. For example, Leutz (1976) examined a sample of low-income, Hispanic-Americans with drug and alcohol-related problems. He found Hispanics not only used informal caregivers, but that they used these caregivers for different problems. Local spiritualists (botanicas) were used for advice for the problems of a family member, while the church was used for assistance for themselves or a friend. Other studies have found that people differ in the types of problems they experience as well as in the type of help sought, whether it comes from formal or informal sources.

Low-income urban residents, for example, were found to have problems in the occupational area, such as being fired from or laid off a job (Lieberman & Glidewell, 1978). Researchers (Cook & Weigel, 1983; McAdoo, 1978; Schreiber & Glidewell, 1978) have noted additional socioeconomic, sex, and age differences in problems. Schreiber and Glidewell (1978) found working class people often had financial problems and received emotional support and advice from family and friends. Middle class people often had work-related and interpersonal problems. They, too, received emotional support from family and friends. Men had work-related and financial problems, while women had interpersonal or health-related problems. Women usually sought emotional support, and men sought advice, which seems appropriate, given the nature of their respective problems. Women seem to prefer instrumental

help from family members more than men do (Cook & Weigel, 1983). McAdoo (1978) observed in a sample of 305 urban and suburban, middle-income Blacks that mothers indicated child care assistance was the most important type of help received from their kin network, while for fathers, financial assistance was the most important. Neighbors (1984) noted in a national heterogenous sample of Black adults that income was related to the severity and type of problem that individuals experienced. Low-income Blacks perceived their problems as being more severe than did Blacks at other income levels, and low-income Blacks were more likely to experience physical problems; whereas Blacks at other income levels experienced "interpersonal difficulties," such as marital problems.

The perceived intensity of a stressful life event or problem has been found to be associated with help-seeking. Those who are very bothered (stressed/strained) by the death of someone close (not a spouse), the birth of a child, and by a spouse and/or children departing from home are more likely to seek professional help for their problems, while people who are only somewhat bothered are not likely to seek help (Lieberman & Mullen, 1978). A study of newly relocated, predominantly white families found that the majority of people sought help from informal sources for most problems with the exception of marital and parenting problems regarding discipline (Cook & Weigel, 1983). Studies (Warheit, Vega, Shimizu, & Meinhardt, 1982; McAdoo, 1982; Belle, 1982) suggest that those who request assistance from family and friends are those who are the most in need of assistance. For example, Warheit and his colleagues (1982) found Blacks who requested

assistance from family and friends were more likely to be psychologically dysfunctioning than those who did not request assistance. Asking for help seems to be related to need. The more a person needs help, the more likely he/she is to ask for help. As noted previously, urban Blacks with serious problems seek help from formal sources (Hendricks, Howard, & Gary, 1981). National data on help-seeking among Black Americans also indicate that Blacks with more severe problems are likely to seek help from formal sources and they seek this help most often for physical problems (Neighbors, 1984).

The findings from these studies imply that people seek help from formal sources when their informal sources are not capable of providing assistance because of the seriousness of their problems. Other research findings also suggest people seek formal help from professionals only when their informal support systems or social networks have proven to be inadequate (Brown, 1978).

These findings suggest that people seeking assistance from sources other than their social support networks are dissatisfied with their social networks. Several characteristics of social networks, such as the number of confidants, have been linked to satisfaction (Stokes, 1983). There is a curvilinear relationship between the number of confidants and satisfaction which suggests having a very small or very large number is not supportive. Other researchers have found that, in nontraditional female students, satisfaction with support is related to having a spouse or spouse-like partner, extended family members and close friends in one's network (Vaux & Harrison, 1985).

Looking specifically at the social networks of the users and nonusers of formal institutions, studies have shown that in addition to personality differences between the two groups, their networks can vary. Nonusers who rely on informal social networks often have large, undifferentiated kin and friend networks (Birkel & Reppucci, 1983; McKinlay, 1973).

One final point, worth noting, is that social networks do not only provide assistance which alleviates the need for people to seek professional assistance, they can also influence people to seek help from formal institutions. Kadushin (1966) notes that a social circle which condones psychotherapy can be instrumental in getting its members to seek such help. Certain types of networks such as those with weak ties are better able to provide this type of informational support (Birkel & Reppucci, 1983; Horwitz, 1977; McKinlay, 1973).

The findings discussed in this section suggest people make different demands on their social support network, depending upon their socioeconomic status, sex, and age. Different types of people have different types of problems. The perceived intensity of a problem as well as the structural and more process-oriented characteristics of their social support networks, i.e., size, density and satisfaction, influences where they seek assistance. Problems and concerns seem to vary over the life cycle, and either social support networks are flexible enough to provide assistance or people move on to other sources of support, such as helping professionals. Of course, their ability to move on to helping professionals depends upon some of the same factors that are related to individuals' use of informal social support systems:

their socioeconomic status (the degree to which they can pay for services) and norms and expectations regarding helping professionals (the degree to which seeking professional help is acceptable within their cultural and social environment), as well as numerous other factors related to seeking professional help such as the availability of services and the quality of services.

The Role of Social Support as a Stress-Buffer

In keeping with the perspective of viewing social networks as sources of help, a popular theme in social science literature has been to treat social support as a mediating factor which contributes to the overall mental health of people. The process is assumed to work in the following way. Social support is provided through social networks which serve as sources of help for problems. Problem resolution leads to stress-reduction, hence, the social support or help received for solving the problem, functions as a stress-buffer. By acting as a stress-buffer and helping to lessen the impact of stressful situations, social support seems to deter the need for people to seek professional help when problems occur (Brown, 1978; Asser, 1978).

The concept of social support acting as a stress-buffer originated in studies that compared people with psychiatric problems with people who did not have such problems. Those with psychiatric problems were found to have less dense social networks, with fewer intimate ties and nonreciprocal relationships, as well as perceptions of having less social support (Tolsdorf, 1976; Mitchell & Trickett, 19[illegible].

Social support has been linked most clearly with physical illness symptoms and some psychiatric problems such as depression. Cobb (1976) cites a number of studies to show the positive effects of social support: social support was linked to a decrease in low birth weights; the use of less medicine and early hospital discharge; a decrease in the likelihood of developing arthritis and a decrease in depression among the elderly. With a sample of urban Chinese-Americans, Lin and his colleagues (1979) found social support was negatively related to psychiatric illness symptoms; the greater the social support, the fewer psychiatric symptoms.

Despite the linkages that have been established between social support and physical illness, the relationship between social support and mental well-being is not as clear. The findings on the stress-buffering effects of social support have been inconsistent. Some of this inconsistency may be attributable to the ways social support has been conceptualized and operationalized in various studies as well as the analytical techniques that were used (Cleary & Kessler, 1982; Finney, Mitchell, Cronkite, & Moos, 1984). Often it is measured by a "proxy" variable such as using a person's marital status. Those who are married are thought to have social support; while those who are not married are viewed as not having social support. Researchers, in this instance, assume marriage is supportive which may not always be the case.

Other researchers note that there are a number of factors which influence social support, and in turn, how social support moderates the effects of stress (Shinn, Lehmann, & Wong, 1984).

First, social support and stressors are linked and somewhat confounded. As originally noted by Thoits (1982), measures of acute stressful life events and chronic daily hassles often contain items that are losses of support such as the death of a spouse or increased arguing with a spouse. Many stressful events actually "augment or diminish available supports" (Shinn, et al., 1984). Socio-demographic and personal characteristics of individuals can influence social support as can the physical environment (Shinn, et al., 1984). In addition, social interactions in social support networks are not always positive nor does social support always "fit" the needs of individuals who receive it. Shinn and her colleagues (1984) note that sometimes too much or too little support is provided; the "timing" of the support may be off and not in line with the needs of the recipient; different sources of support are helpful at varying times, sometimes one source is more appropriate than another depending upon a recipient's needs; the structural characteristics of the individual's social support network may not conform to his/her needs--the network may be too small or too dense; and finally, the type of support that is provided may not be appropriate. These five aspects of support, the "amount," "timing," "source," "structure," and "function," interact with one another and help to illustrate why social support does not always buffer the effects of stress.

Several studies have found evidence to support the stress-buffering hypothesis (for example, Eaton, 1978; Gore, 1978; Husaini, Neff, Newbrough, & Moore, 1982; LaRocco, House, & French,

1980), while others (such as Lin, et al., 1979; Pearlin, et al., 1981) have not been able to support it.

Enough research has been done on social support that reviewers (Gourash, 1978; Broadhead, et al., 1983; Leavy, 1983; Depner, Wethington, & Ingersoll-Dayton, 1984) are beginning to actively critique the quality and implications of this research. Overall, studies on social support suggest that the lack of social support is related to distress; not having a confidant is related to depression, and nonstructural network characteristics, for example, the quality of network relationships, are related to social support (Leavy, 1983).

Broadhead and his colleagues (1983) raise some interesting points about social support research. Very little of the research includes baseline data on the mental or physical health status of respondents as an independent variable or controls for their baseline status by doing stratified analysis. Social support does not account for large amounts of the variance in predicting an outcome or behavior. It ranges from 1.0 to 7.0 percent. The effect of social support seems most pronounced in women. As stated previously, this may have more to do with the way it is conceptualized and operationalized rather than reflecting a true gender difference. There is no clear distinction about whether the effect of social support on physical and mental well-being is an interaction (indirect) effect, a main (direct) effect, or both. Social support may be having varying effects, depending upon the personal characteristics of the recipient, situational characteristics of the support, and the stressor. There is a growing emphasis on the qualitative aspects of social support but

current perceived qualitative measures have not been successfully linked to social support. One exception is Wilcox's (1981) finding that the quality of social support, defined as the level of support in three areas (emotional, tangible, and informational), was more important than the number of supporters in examining the buffering effects of social support. In addition, researchers rely for the most part on retrospective measures of social support (Wilcox, 1981), and the sociodemographic characteristic that has been looked at the most consistently has been sex (Leavy, 1983). Other sociodemographic characteristics such has race have not received careful attention. Black respondents, usually a small proportion of the study sample, are either included within the analysis for the entire sample, or deleted from the final analysis that is reported. The next segment of this paper will address this problem by examining literature on social support networks with a special emphasis on these systems as they apply to Blacks.

Chapter III

THE SOURCES OF SOCIAL SUPPORT AMONG BLACK AMERICANS

Introduction

This section examines the informal social support networks of Black Americans: family, friends, and other sources of support within the community. It moves from the most informal and possibly least threatening (least judgemental) sources, one's family, to more formal sources such as church clergy. All of these institutions have been sources of support for Blacks; however, a good deal of the documentation on them comes from literary, historical and anthropological sources (for example, see Frazier, 1964; Frazier, 1966). This work has shown that Blacks have important informal network relationships that have helped them to meet a variety of needs (Martineau, 1977). Informal network ties have provided instrumental support such as child care and help in paying for a college education as well as emotional support during a crisis such as the death of a spouse. There is very little empirical research on Black social networks; and even less research on social support among Blacks. Because of the lack of empirical research on Black social support systems, studies with findings that may be applicable to Black populations will also be discussed.

Family

In the past, researchers concerned themselves with examining the deficits of Black families (e.g., Rainwater, 1966; Moynihan,

1965). Findings from this research suggested Black families were pathological units characterized by social disorganization and matriarchial households. Albeit some of their motives may have been well-intentioned, to show the deleterious effects of slavery and poverty, the end result has been a paucity of empirical research on Blacks which considers the heterogeneity of Blacks.

Black families are not pathological. They can be characterized by a number of positive attributes, contrary to widely held assumptions about Black families. For example, Black families are not matriarchial. Decision-making, economic responsibilities, and household chores are more typically shared between spouses (Hill, 1972). The alleged 'matriarchy' that can be seen in some families where an elderly woman is the head of the household is often attributable to the death of her spouse (Martin & Martin, 1978). Within the last decade research which emphasizes stable Black families and the ways in which they conform to middle-class values has been produced (Staples & Mirande, 1980). The family has continually been a source of support for Blacks (Billingsley, 1968; Hill, 1972; McAdoo, 1981; Nobles, 1976; Staples, 1971; McAdoo, 1978; Cazenave & Strauss, 1979). As can be seen from a number of the studies that have been cited in this paper (for example, see Leavy, 1983), family or kin networks are the primary sources of support for most people.

Looking specifically at the stress-buffering effects of social support, researchers have found family members play a key role. Gore (1978) found unemployed men who were unsupported were the most depressed. Support was defined as perceptions of the helpfulness of family and friends, interaction with family and

friends, and opportunities to engage in satisfying and cathartic activities. Husaini and his colleagues (1982) examined the buffering effects of social support on depressive symptoms in a rural, white married sample drawn from Tennessee, Oklahoma, and Ohio. They found, looking at the total sample, that social support had a buffering effect primarily in conjunction with personal competence, how much control the person believed he/she had over his/her environment. Respondents who were less competent, but who had social support (measured as satisfaction with spouse and marriage, having a spouse who was a confidant and having friends nearby) had fewer depressive symptoms. The stress-buffering effects of social support could be seen especially in married women. Eaton (1978) found social support (defined as being married and not living alone) lessened the effects of stressful life events. Lin, Woelfel, and Light (1985) found in a sample of adults from upper state New York that for those who were married, social support (defined as strong and homophilous ties) reduced depressive symptoms by buffering the impact of stressful events. Among married adults, the help that made a difference came from their spouses and close relatives. The unmarried used weak ties for help such as professional associates, co-workers and neighbors as well as helping professionals. These ties were defined as less supportive by the researchers.

When people need help they turn to those that they are closest to, usually members of their family. If this source is not supportive, for example, the seriousness of the problem exceeds the capability of the support network, then they go to

others such as professional resources for help. For example, Hendricks, Howard, and Gary (1981) observed in a sample of urban Black adults that institutional help, usually a hospital, was sought the most often for serious problems that were not physical illnesses. Individual differences were found to influence whether people sought informal or formal help: those most likely to use an institutional source (a hospital, mental health center or crisis phone line) had not completed high school, were not currently employed, were primarily service workers, and earned less than $5,000 a year; those most likely to seek help from an informal source (clergy, family, friends, work supervisor or bartender) had completed high school, were currently employed, were clerical or service workers, and earned $10,000 or less a year; and those most likely to use a physician or psychiatrist had completed high school and some college, were currently employed, were professionals, semiprofessionals, or managers, and earned more than $10,000 a year. Looking at personal preferences, additional findings indicated low-income respondents (those who earned $10,000 or less) preferred informal sources over formal sources for help, and respondents who are young adults (18 to 24 years) and/or married preferred formal institutional sources.

Researchers have found Blacks have strong kinship ties with their relatives. Bell and Boat (1957) note for their urban Black sample, the more intimate ties were with relatives and neighbors. Martineau (1977) observed 71 percent of his sample of urban Blacks had weekly contacts with kin outside of their immediate nuclear family. Vaux (1985) found in a sample of Black and white college students that Black students were closer to their social support

networks members and had more family network members than did white students. Family members provided informational and emotional support. Black females, in particular, perceived that they received more support from family members than friends. These kinship ties influence social support. Both family contact and family closeness are related to social support (Taylor, Jackson, & Quick, 1982).

The Support Provided by Familial Relationships

Within the family-kin network there are different relationships that influence the type of support that is provided: the conjugal relationship, parent-child relationships, sibling relationships, and relationships with extended kin and pseudo-kin. For example, parents can provide instrumental support for their children by caring for grandchildren or by helping financially with large or unusual expenses, such as co-signing for a car loan. Siblings, too, can provide financial assistance for one another, especially when older siblings have more economic security than their parents. Siblings often share confidences with one another that they would not share with their parents, such as concerns about boyfriends or spouses.

These different family relationships have been highlighted to some degree by researchers. Conjugal relationships have been found to be a significant source for emotional support (Slater & Depue, 1981). They are generally supportive, and when they are not, social support is usually sought from another source. Bott (1972) found British working class married couples who shared very few familial tasks and had separate leisure activities/interests

were enmeshed in dense, supportive social networks outside of the husband-wife relationship. For example, the women received emotional and instrumental support (help with child care and housework) from female relatives. Bott refers to this findings as a "limited fund of sociability," implying that if social support is restricted within the conjugal relationship, people will go outside it for support.

Other familial relationships in addition to the conjugal one are important. These include the relationships between parents and children such as the mother-child relationship and father-child relationship. Hendricks (1980) found unwed Black adolescent fathers turn to their parents, especially their mothers, to discuss personal problems. This source of support is both valued and frequently used. In another study of adolescents, Cauce, Felner and Primavera (1982) note Black adolescents rate family members as more helpful than do white or Hispanic adolescents. Belle (1982) observed in a sample of low-income women, approximately half of whom were Black, that a number of women indicated their mothers were important members of their social networks.

Zur-Szpiro and Longfellow (1982) looking at Belle's (1982) sample note that men provide social support for mothers and their children that relates to various aspects of their well-being. Resident "fathers", husbands or boyfriends who lived with the family, in 22 low-income households, provided different types of support. Most, 16 of 22, provided financial support. Women reported less conjugal stress if the man was a financial contributor. All of the men provided some type of child care but

not heal h-related, emergency or respite child care. Women reported less maternal depression and stress, and children viewed the father figure as nurturing when men provided childcare. Men, for the most part, were not involved in housework; these responsibilities rested with the women and children. Men provided emotional support in the form of "affection, companionship and intimacy," but most women did not turn to the men for help with their personal problems. It is difficult to generalize from this study because a number of the men were not the fathers of the children in the households; hence, they did not have all the role obligations indicative of acknowledged fatherhood. Nonetheless, the father-child relationship is one network tie that can be viewed as a source of support, and deserves more attention.

The Effect of Familial Relationships on Well-Being

Researchers assume the lack of familial support has a negative impact on individuals. Comparisons of people with mental disorders to people without them have shown those with disorders have more nonfamilial supports, and receive less social support from their families (Leavy, 1983; Mitchell & Trickett, 1980). However, these studies are correlational so the causal relationship of these events is not known. Researchers do not know if the lack of support causes the disorder or whether the disorder causes the lack of support.

The effects of social support from family support systems can influence all aspects of a family's or a person's well-being. This support can impact on behavior and help to alleviate negative behavior that can have detrimental consequences for the individual

and those around him/her. Cazenave and Strauss (1979) found from a national probability-based sample of 147 Black and 407 white families that social networks influenced family violence. Families that were part of kin-networks were less likely to engage in family violence. Belle (1982) observed in her study of 43 low-income women (21 were Black) in the Boston area that their social networks, consisting primarily of relatives, provided both emergency and nonemergency child care, a confidant, and day to day assistance. Child care was the most important type of support provided. It was linked to a number of measures of well-being: lower depressive symptom scores, less anxiety, mastery over the environment, and higher self-esteem. A sense of mastery or control over the environment was linked to the other forms of support, such as having a confidant and day to day assistance. McAdoo (1982) notes from a much larger sample (N=305) of middle-class Black families that the more stressed families interact more with their relatives, and depend upon their family network for advice, emotional support, and primarily, for instrumental support in the form of child care.

Dressler (1985) studied 285 residents of a southern Black community. His findings also suggest perceived instrumental and emotional support influences mental well-being. For males, perceived extended family support is related to having fewer depressive symptoms, and buffers the effects of life events on depressive symptoms. For women over 35, the same pattern can be seen with the exception of the buffering effect which is not as strong. For women under 35, extended family support appears to be ineffective. Dressler suggests that this group of women is highly

at risk as a consequence. He notes that young women may experience considerable "psychological costs" in receiving support. "The behavior of young women comes under closer scrutiny (than that of young men) and they are expected to follow more closely the advice of their (usually older) support system members" (p. 46). While the network is supportive, cultural expectations that young women behave in a prescribed way may undermine the beneficial effects of support. This effect of cultural expectations has been documented in other work by Dressler and his colleagues (in press).

There is a debate among researchers about familial support systems as to whether they keep family members from becoming upwardly mobile. Stack (1974) observed that kin who were upwardly mobile tried to extricate themselves from their familial support system by not giving, "swapping" or trading goods/services in order to eliminate the obligations that went along with these types of interactions. When in need (i.e., a husband and wife were separating), people began to give to network members in order to get back into the network (the wife began to give goods to her relatives). This giving sets up a relationship of mutual obligation. Reciprocity has also been linked to the adaptivity or level of functioning of single Black mothers. Lindblad-Goldberg and Dukes (1985:53) found in a study of low-income Black women that mothers who were less adaptive, were not "(successful) in promoting stability and demonstrating control over (their lives)," and felt they gave more instrumental and emotional support to family members than they received. McAdoo (1978), on the other hand, points out the obligatory nature of the family support

system is not "excessive." Women in her study believed help was given by family members with no strings attached, but that they personally felt obligated to help other family members. Families whose family of origin was of a lower economic status did feel some familial pressure to help other family members.

Social support exists across all class lines in Black families. It is not a function of socioeconomic status even though some scholars (i.e., Lee, 1982) have attributed familial social support to the lower classes (McAdoo, 1978, Cazenave Strauss, 1979). Upper, middle, and low income Black families can be social support networks. Billingsley (1968) observed Blacks who occupied high status positions within American society, such as Supreme Court Justice Thurgood Marshall, had families that supported their endeavors. McAdoo (1978) found middle income, suburban and urban Black parents were part of a family social support networks. Essentially, two types of support, instrumental (economic help as well as child care) and emotional, were provided to these parents by their families.

The Support Provided by Familial and Non-Familial Relationships

Social support systems consisting of family and friends are not uncommon among Blacks. Friendship ties within a social network can evolve into relationships with levels of intensity that are analogous to the bonds between relatives. These relationships are known as pseudo-kin relationships. An active family support system involving kin and pseudo-kin was observed by Stack (1974) in a poor midwestern Black community. She described one pseudo-kin relationship that involved a woman who started out

as a friend of a family member but became part of the family network, and informally adopted several children in the family network. The family support system she identified was based upon the trading and exchanging of a variety of goods and services including food, clothing, money, child care, and emotional support. Being a member of the family did not automatically make an individual a member of the support system. A person had to give and accept goods and services to maintain his/her status in the support network.

Social networks of family and friends that are less dense with multidimensional relationships provide support that may not be readily available in networks composed of all-family or all-friend members. They provide support that is often informational; yet this type of support is needed by people making life transitions such as recent widows (Hirsch, 1980). Often the personal needs of those making transitions are in a state of flux, and they need support from a social network that is flexible enough to accommodate their changing needs. For example, a newly widowed woman may need respite child care immediately after the death of her spouse, someone to relieve her of primary child care responsibilities so she can handle other family matters or have some time to herself to grieve for the loss she has experienced. A close relative, a mother or sister, can provide this type of instrumental support. However, relatives may not be able to provide other forms of support such as information on how to cope as a single parent and primary breadwinner. Several studies illustrate this.

McLanahan and her colleagues (1981) studied 45 divorced mothers, aged 22 to 52 years, to see how social networks influenced their psychological well-being. Well-being was a retrospective measure based upon their current image of themselves and the image they held before their divorce. The range of time since the divorce was from four months to 20 years. These women had three types of social networks: (1) family of origin networks, (2) small, dense networks with frequent interaction among members, which consisted of relatives; and (3) extended networks made up of new friends (primarily other women) that were large and diffuse. They also had conjugal networks which were similar to the family of origin and extended networks except a male (a boyfriend or ex-spouse) was a central figure in the network. The different networks and support they provided were related to well-being but the relationship was not a simple one. The role orientation of the women had a moderating effect. Women who wanted to retain their roles as a wife and mother tended to rely on the family of origin networks including the conjugal family of origin network. Women who wanted to establish a new role for themselves relied on conjugal and nonconjugal extended networks. Moving beyond their families to friends as a source of support seemed to help them establish a new role identity. Hirsch (1979, 1980) found people are dissatisfied with the support they receive from highly dense networks during stressful times, e.g., examination periods for college students, and transition periods, e.g., returning to school as a nontraditional student or after recent widowhood. These dense networks did not provide all the support they needed.

There are times, however, when other types of networks seem to be more supportive. For example, parents of the chronic mentally ill report more satisfaction and less strain from small dense networks (Potasznik & Nelson, 1985). Dealing with a chronic illness seems to require a different type of support. Small networks can be relied upon to provide the continuous emotional and instrumental support that may be needed. Large networks with looser ties allow for the personal growth of an individual that is associated with a life transition. Small networks with close-knit relationships provide the on-going assistance that is often necessary to cope with a chronic problem.

Friends

Social support from friends is important. Researchers have shown how the bonds of friends can be so intense that they evolve into pseudo-kin relationships (Stack, 1974). In addition, the support of friends does seem to buffer stress. Gourash (1978) observed that one of the best tests of the stress-buffering role of social support was a laboratory experiment on test anxiety. Students in the presence of a friend experienced less stress as measured by a galvanic skin response when working on a problem than students who were alone. Support from friends is especially influential when a person is changing roles; for example, divorced women who are moving from the role of homemaker to a career outside the home (McLanahan et al., 1981). Social support from friends has been studied in the elderly but for the Black elderly, the results are inconclusive. Having friends does not seem to be related to physical well-being. Widowed nonwhite adults have

higher friendship support than widowed white adults but still report more illness, or "not feeling well" (Ferraro, et al., 1982).

Some researchers suggest that friendships among Blacks are no more supportive than those of whites. For example, Ball, Warheit, Vandiver, and Holzer (1980) found in a study of low-income females that 78.2 percent of the Black women seldom or never used their friends for problems compared to 58.0 percent of the white women who gave the same responses. It is not clear from this study whether Black women turn to their families instead for help. We have no knowledge of what other alternatives they use for help, and why the friendship network is not used. In addition, several methodological flaws are inherent in this study. Important interesting variables such as age were not controlled for, and most of the study's interviewers were white.

Additional Informal Sources of Support

The neighborhood or community can be a source of social support. Within this social and physical environment are various informal resources people can draw upon for support including their neighbors, fraternal and sororal affiliates, and local informal caregivers such as hairdressers and the clergy. There are those who would argue these sources are extentions of the friend network. However, another way to think of these sources is that they represent a further expansion of the individual's social networks to include the broader community. They reflect how well individuals are socially integrated into society. These societal ties, at the macro-level, can also be supportive.

Relationships with Neighbors

Neighboring was found to be an important element in a needs assessment of a South Bend, Indiana, Black community. Respondents were likely to participate in leisure activities, borrow items from, extend invitations to, discuss problems with and talk to their neighbors (Martineau, 1977). Some of these activities such as lending and borrowing items are forms of social support, instrumental support in this instance.

Neighbors can play important supportive roles in individuals' lives, but whether the support they provide is related to well-being is subject to debate. Neighbors are often not mentioned as members of the social networks of low-income Black parents, especially among single, low-income, Black mothers. These women often live in public housing or in high crime neighborhoods; consequently, they often isolate themselves from their neighbors to protect their children (Lindblad-Goldberg & Dukes, 1985). Belle (1982) found women who were the most in need were engaged in a "mutual aid exchange" with their neighbors. They provided instrumental and some emotional support to one another, but this exchange was not related to social support. Involvement with neighbors was associated with higher levels of stress, not higher levels of social support. The aid of neighbors tends to be shorter than that of families during a prolonged crisis (Lee, 1982). Neighbors usually provide short-term, material supports (Shulman, 1976).

Relationships with the Clergy

Black ministers have long been a source of support in the Black community. McAdoo (1978) observed Black families often go to the minister for help rather than a community agency. However, studies of social support networks among Blacks suggest that even though many Blacks are high in religiosity and attend church on a regular basis, ministers are not as important in the social support network as immediate family members, other relatives and close friends (Gary et al., 1984; Milburn et al., 1984; Lindblad-Goldberg & Dukes, 1985).

Historically, Black organizations in the 19th century provided informational and appraisal support for Blacks. These were church, fraternal, educational, and social organizations (Johnson, 1980). Black churches were the beginning points for Black mutual aid. Benevolent societies that provided economic support for their members were founded through church societies (Davis, 1980).

Chapter IV

PRACTICE AND IMPLICATIONS

This section of the paper is organized in a manner that closely follows the overall organization of the paper. The initial discussion focuses on the concept of social support. Next, the roles of social support are examined. And lastly, the resources for social support among Black Americans are addressed.

Social Support as Currently Measured and Defined

The concept of social support is a relatively new one for researchers. It is only within the last decade or so that researchers have viewed social support as being important for well-being. People who have social supports are now thought to have better physical and mental well-being than people who do not have social supports. Though widely viewed as important, the concept of social support has not been adequately defined nor conceptualized in much of the research that has been done. For example, previous research has focused on examining the structural characteristics of social support networks to see how aspects of social networks such as their size or density influenced life stressors. Researchers have also used "proxy" indicators of social support such as marital status, comparing those with a conjugal relationship to those without one, to see how social support influenced the effect of stressful life events on mental health. Many of these studies, as we have seen, have been somewhat inconclusive as to whether social support contributes to

reducing the deleterious effects of stressful life events. Moreover, very little empirical research on social support has been done with heterogeneous Black samples.

The type of research that is most needed in the area of social support is prospective, longitudinal studies that can establish baseline data on social support. Researchers need to examine "normal" samples of young, middle-aged and elderly Blacks that are representative of all socioeconomic backgrounds. In addition, whenever possible, these studies should be longitudinal in nature, and examine a number of factors including the structure of social support networks, the types of support sought, the types of support provided, who provides support, and how the recipient perceived the support; for example, did it help and were there hidden costs? Of course, funding limitations may prohibit doing longitudinal studies, which can be quite costly, solely on social support; therefore, questions on social support and larger, diverse samples of Blacks need to be included in longitudinal studies that are done on topics such as how people view their quality of life or indicators of mental and physical well-being. For example, when researchers study how people view their mental health, and what contributes to it, questions about social support should be included.

Nonetheless, even though social support is a complex phenomenon that warrants further research, especially among Blacks, a guideline for practitioners can be offered. Before this guideline is discussed, it is important to emphasize that the evidence on whether structural and interactional characteristics of social networks really adequately measure social support is

inconclusive. But until better measures are developed, we must rely on these characteristics to approximate social support. Nor is it really possible, in terms of cost-effectiveness, to identify all of the structural and interactional characteristics of a person's social network unless one is engaged in active research. However, a few characteristics can be identified with minimal effort by a caseworker during a client's initial intake screening.

The guideline is as follows:

1) The social support networks of clients seeking help for problems should be noted and described during their initial intake interview. Simple questions can be asked to gather the requisite information. The description should include a list of who (e.g., spouse, siblings, and so forth) makes up the person's network of confidants -- people whom the client turns to when he/she needs assistance such as emotional support (e.g., to complain about an unsympathetic supervisor at work) or instrumental support (e.g., a loan for an overdue bill); whether people in the network know one another; how helpful the client perceives the members of his/her network are; and whether there are stresses, unpleasant encounters, or problems associated with getting help from network members.

The Roles of Social Support

Social support plays a significant role in the help-seeking process among Blacks. Blacks seem to seek help from informal sources. However, individual differences such as socioeconomic status, the perceived seriousness of the problem, and characteristics of one's social support network impact upon this help-seeking process. For example, low-income women in highly dense, undifferentiated networks have been found to be less receptive to professional help (Birkel & Reppucci, 1983). Intervention strategies that rely heavily on professionals providing support to this group may not be appropriate. This

would include parenting classes taught by professionals and formally structured, agency-based programs. Other strategies that rely on less formal sources of support may be used more by these women (Birkel & Reppucci, 1983).

Research on help-seeking behavior has not clarified how the role of social support in the help-seeking process works. Researchers do not know whether the social network discourages people from seeking outside professional help or whether the help it provides is better than professional help (Birkel & Reppucci, 1983).

The exact role that social support plays in deterring the negative aspects of stressful life conditions is also not clear. Researchers do not know whether it has a direct effect which means a change in social support which would result in a change in psychologial well-being, or whether it has an indirect or interacting effect with other factors such as socioeconomic status to change psychological well-being.

The guidelines that will be offered are tied to the importance of social support in the help-seeking process and the role of social support as a stress buffer. They are as follows:

(1) Whenever possible, include members of clients' social support networks in their treatment programs. Network members do not have to be involved continuously in the clients' care but they should play some role in the treatment program. For example, the close confidants of clients going through a smoking cessation program can agree to help the client stop smoking by engaging in non-smoking-related activities like exercise with the client.

(2) Use informal networks within communities to advertise mental health services. Provide educational preventive programs at local churches, school meetings and neighborhood association meetings.

(3) The problems of clients that are related to a loss or change in their social support network should be identified and dealt with early on. Problems of this type can be particularly disruptive. These include the death of a spouse, parent, other close family members or friends; moving to a new location without close friends and/or relatives nearby, and a change in the health of a close confidant. Clients who have experienced losses or disruptions may benefit from mutual support groups such as a group for recent widows/widowers (Gottlieb, 1985) or a group for parents of children with chronic illnesses (Chesler & Barbarian, 1984).

The Sources of Social Support Among Black Americans

Family and kin are, for the most part, the primary source of support for many people. When they need help, they turn to those that they are closest to, usually members of their families. People go to other sources for help if this source is not supportive. Blacks, of course, are no exception. They, too, turn to members of their families for help, and reliance on the family for help has a long historical precedent in the Black community. The functions of Black social support networks, especially familial networks, that have been well-documented pertain to instrumental and emotional support. These include providing child care and economic assistance as well as emotional support.

The supportive nature of the extended family has long been viewed as a dominant cultural norm within the Black community. Unfortunately, the extent to which this type of family structure is a cultural norm within the Black community has not been empirically validated. Emphasis on the type of family structure came about in direct response to Moynihan's (1965) report on matriarchial Black families, and their inherent deficits (Billingsley, 1968; Hill, 1972; Nobles, 1976). Scholars felt the

need at that time to emphasize the positive aspects of Black family structure. An image that resulted was one of continuous care within the Black community for those in need. For example, unwed teenage mothers did not give up their children for adoption. Their mothers were available to help them rear their children. Grandmothers and other older women served as sources of support for these young mothers. Recent research (see McAdoo, 1982), suggests this may no longer be the case. Young mothers cannot look to their mothers for child care support because often their mothers are working or young (middle-aged) themselves, and not anxious to be burdened with additional child care responsibilities. This finding is consistent with data that show more women are returning to the labor force, in particular, older women whose primary child rearing days are over. Census data also show there has been an increase in the number of single parent families, among both Black and white families (United States Commission on Civil Rights, 1983).

It is difficult to say how prevalent extended families are now or were at one time within Black communities. Family members often lived within close proximity to one another or even together because of severely restricted housing and economic opportunities. For example, at one time, one could find Black neighborhoods that consisted primarily of people who were related to one another, by birth or by marriage. Because there is no empirical data that show how widespread a phenomenon extended families were at the time that scholars initially began to emphasize their importance, some researchers are beginning to say that the concept of extended families and their supportive nature was a romanticization of

traditional southern Black families. Others would argue that extended families did exist, and were a substantial resource for social support. The fact that their existence as a prevalent phenomenon was not empirically validated does not negate their importance. And since we cannot return to the past, why argue about their empirical validity?

Regardless of the perspective that one takes, recent findings suggest that most Black families are not now extended families. If most Black families were once extended, the pattern has changed. For example, Gary, Beatty, Berry and Price (1983) found in a study of a small number of stable Black families (N=50) that more married women grew up in extended families than live in extended families now. For example, most of the married women (61.5 percent) grew up in extended families but only 19.1 percent lived in extended families at the time of the study. This suggests that Blacks cannot depend upon those traditional familial supports from members of their families, e.g., their mothers and grandmothers. Other supportive mechanisms for assistance such as child care will have to be developed. Churches have taken a lead in this by developing preschool and child care programs. Additional child care sources are needed and will continue to be needed, services that are both flexible in terms of the time the care is available, and quality-oriented in terms of the care provided.

Because of the importance of familial and pseudo-familial relationships in Black social support networks, only one guideline will be offered. It is as follows:

(1) Design preventative mental health programs for clients that draw upon and strengthen familial ties. These include respite care programs for people who are caring for ill or elderly family members and need a break to take care of personal activities, parenting programs for first-time parents, "latchkey" programs for children who stay home by themselves after school, and health education programs, such as self-help programs for hypertensives, that rely on familial support (Whitehead, Frate & Johnson, 1984).

Conclusion

In conclusion, as can be seen throughout this paper, one inherent flaw in the social support literature is that the social support networks of Blacks have been examined to a very limited degree. Ethnographic work (Stack, 1974; Martin & Martin, 1978) documented the existence of Black social support networks but very little empirical work on the structural characteristics and roles of Black social support networks has resulted from this initial documentation except for McAdoo (1983), Belle, (1982), Dressler (1982) and Gary et al., (1984). Research has shown Black families and family systems are vital services of support within the Black community. Unfortunately, little empirical research has been done on other sources such as the church. Much of the documentation on these other sources is anecdotal or historical. Nonetheless, social support is an important aspect of mental health for Blacks.

The functions of social support networks among Blacks that have been well-documented pertain to instrumental and emotional support. These include providing child care and economic assistance. In addition, one can assume that these networks also provide emotional support since Blacks turn to their family members for help when faced with a crisis.

There is a growing evidence which suggests there is a "down" side to social support. Interactions with social networks are not always positive and can be stressful. For example, Riley and Eckenrode (1984) found in a sample of women that those with low personal resources (who had external locus of control, negative help-seeking beliefs and lower educational and income attainment) who used social support networks experienced more negative affect (emotions) than high resource women. They were also affected more by stressful events that occurred to members of their support networks. High resource women were less affected. In other words, those with limited resources do not always benefit from increased contact with network members. In fact, in instances where network members are under stress (experiencing stressful life events), increased contact can be a source of strain rather than support.

The guidelines for practitioners that were suggested are by no means an exhaustive list, and they are probably suggestions that many practitioners have tried to implement or have already implemented while providing services to clients. However, these guidelines are especially useful for social work practice. For example, Gottlieb (1985) suggests that identifying the structural and process-oriented characteristics of one's own social network and one's clients' social networks can lead to more effective and appropriate intervention strategies. This paper shows, from a social support perspective, why this type of programming is necessary and can be effective in improving the mental health of Black Americans.

REFERENCE NOTES

Dressler, W.W. Personal Communication. February 10, 1986.

REFERENCES

Asser, E.S. (1978). Social class and help-seeking behavior. American Journal of Community Psychology, 6(5), 465-475.

Ball, R.E., Warheit, G.J., Vandiver, J.S., & Holzer, C.E. (1980). Friendship networks: More supportive of low-income Black women? Ethnicity, 7, 70-77.

Barnes, J.A. (1972). Social networks. Addison-Wesley Module in Anthropology, 26, 1-29.

Barrera, M. (1980). A method of assessment of social support networks in community survey research. Connections, 3,(3), 8-13.

Barrera, M. (1981). Social support in the adjustment of pregnant adolescents: Assessment issues. In B. H. Gottlieb (Ed.), Social networks and social support (pp. 69-96). Beverly Hills, CA.: Sage.

Barrera, M., & Ainlay, S.L. (1983). The structure of social support: A conceptual and empirical analysis. Journal of Community Psychology, 11 (2), 133-143.

Barrera, M., Sandler, I., & Ramsay, T. (1981). Preliminary development of a scale of social support: Studies on college students. American Journal of Community Psychology, 9, 435.

Bell, W., & Boat, M.D. (1957). Urban neighborhoods and informal social relationships. American Journal of Sociology, 62, 391-398.

Belle, D. (1982). Social ties and social support. In D. Belle (Ed.), Lives in Stress: Women and Depression. Beverly Hills, CA: Sage.

Billingsley, A. (1968). Black families in white America. Englewood Cliffs, NJ: Prentice-Hall.

Birkel, R.C., & Reppucci, N.D. (1983). Social networks, information-seeking and the utilization of services. American Journal of Community Psychology, 11(2), 185-205.

Bott, E. (1972). Family and social network: Roles, norms, and external relationships (2nd ed.). New York: Free Press.

Broadhead, W.E., Kaplan, B.H., James, S.A. , Wagner, E.H., Schoenbach, V.J., Grimson, R., Heyden, S., Tibblin, G., & Gehlbach, S.H. (1983). The epidemiologic evidence for a relationship between social support and health. American Journal of Epidemiology, 117 (5), 521-537.

Brown, B.B. (1978). Social and psychological correlates of help-seeking behavior among urban adults. American Journal of Community Psychology, 6(5), 425-439.

Cauce, A., Felner, R.D., & Primavera, J. (1982). Social support in high risk adolescents: Structural components and adaptive impact. American Journal of Community Psychology, 10, 417-429.

Cazenave, N.A., & Strauss, M. (1979). Race, class, network embeddedness and family violence: A search for potent support systems. Journal of Comparative Family Studies, 10 (3), 281-300.

Chesler, M.A., & Barbarin, O.A. (1984). Difficulties of providing help in a crisis: Relationships between parents of children with cancer and their friends. Journal of Social Issues, 40(4), 113-134.

Cleary, P.D., & Kessler, R.C. (1982). The estimation and interpretation of modifier effects. Journal of Health and Social Behavior, 23 (June), 159-169.

Cobb, S. (1976). Social support as a moderator of life stress. Psychosomatic Medicine, 38 (5), 300-314.

Cook, A.S., & Weigel, D.J. (1983). Relocation and crisis: Perceived sources of support. Family Relations, 32, 267-273.

Craven, P., & Wellman, B. (1973). The network city. Sociological Inquiry, 43, 57-88.

Crnic, K.A., Greenberg, M.T., Ragozin, A.S., Robinson, N.M., & Basham, R.B. (1983). Effects of stress and social support on mothers and premature and full-term infants. Child Development, 54, 209-217.

Davis, L.G. (1980). The politics of Black self-help in the United States: A historical overview. In L. Yearwood (Ed.), Black Organizations: Issues on survival techniques (pp.37-50). Washington, DC: University Press of America.

Depner, C.E., Wethington, E., & Ingersoll-Dayton, B. (1984). Social support: Methodological issues in design and measurement. Journal of Social Issues, 40(4), 37-54.

Dressler, W.W. (1985). Extended family relationships, social support, and mental health in a southern Black community. Journal of Health and Social Behavior, 26, 39-48.

Dressler, W.W., Mata, A., Chavez, A., Viteri, F.E., & Gallagher, P. (in press). Social support and arterial pressure in a central Mexican community. Psychosomatic Medicine, 48(3).

Eaton, W.W. (1978). Life events, social supports, and psychiatric symptoms: A re-analysis of the New Haven data. Journal of Health and Social Research, 19, 230-234.

Endler, N.S., & Magnusson, D. (1976). Toward an interactionalpsychology of personality. Psychological Bulletin, 83, 956-974.

Ferraro, K.F., Mutran, E., & Barresi, C.M. (1982, September). Widowhood, health, and social support in later life. Paper presented at the annual meeting of the American Sociological Association, San Francisco, CA.

Finney, J.W., Mitchell, R.E., Cronkite, R.C., & Moos, R.H. (1984). Methodological issues in estimating main and interactive effects: Examples from coping/social support and stress field. Journal of Health and Social Behavior, 25 (March), 85-98.

Fischer, C.S. (1982). To dwell among friends: Personal networks in town and city. Chicago: University of Chicago Press.

Frazier, E.F. (1964). The Negro church in America. New York: Schocken Books.

Frazier, E.F. (1966). The Negro family in the United States. Chicago: University of Chicago Press.

Gary, L.E., Beatty, L.A., Berry, G.L., & Price, M.D. (1983). Stable Black families: Final report. Washington, DC: Howard University, Institute for Urban Affairs and Research.

Gary, L.E., Brown, D.R., Milburn, N.G., Thomas, V.G., & Lockley D.S. (1984). Pathways: A study of Black informal support networks. Final report. Washington, DC: Howard University, Institute for Urban Affairs and Research.

Gore, S. (1978). The effect of social support in moderating the health consequences of the unemployed. Journal of Health and Social Behavior, 19 (2), 157-168.

Gottlieb, B.H. (1978). The development of and application of a classification scheme of informal helping behaviors. Canadian Journal of Behavioral Science, 10, 105-115.

Gottlieb, B.H. (1981). Social networks and social support in community mental health. In B.H. Gottlieb (Ed.), Social networks and social support (pp. 11-42). Beverly Hills, CA: Sage.

Gottlieb, B.H. (1983). Social support as a force for integrative research in psychology. American Psychologist, March, 278-287.

Gottlieb, B.H. (1985). Assessing and strengthening the impact of social support on mental health. Social Work, July-August, 293-300.

Gourash, N. (1978). Help-seeking: A review of the literature. American Journal of Community Psychology, 6, 417-449.

Granovetter, M.S. (1976). The strength of weak ties. American Journal of Sociology, 78 (6), 1360-1380.

Gurin, G., Veroff, J., & Feld, S. (1960). Americans view their mental health. New York: Basic Books.

Hausaini, B.A., Neff, J.A., Newbrough, J.R., & Moore, M.C. (1982). The stress-buffering role of social support and personal competence among the rural married. Journal of Community Psychology, 10, 409-426.

Hendricks, L.E. (1980). Unwed adolescent fathers: Problems they face and their sources of support. Adolescence, 15, (60), 861-869.

Hendricks, L.E., Howard, C.S., & Gary, L.E. (1981). Help-seeking behavior among urban Black adults. Social Work, 26 (2), 161-163.

Hill, R. B. (1972). The strengths of Black families. New York: National Urban League.

Hirsch, B. J. (1979). Psychological dimensions of social networks: A multi-method analysis. American Journal of Community Psychology, 7 (3), 263-277.

Hirsch, B. J. (1980). Natural support systems and coping with major life changes. American Journal of Community Psychology, 8, 159-171.

Horwitz, A. (1977). Social networks and pathways to psychiatric treatment. Social Forces, 56(1), 86-104.

Johnson, A.E. (1980). Black organizations. The extended kinship for survival. In L.S. Yearwood (Ed.), Black organizations: Issues on survival techniques. Washington, DC.: University Press of America.

Jones, L., & Fischer, C.S. (1978). A procedure for surveying personal networks. Sociological Methods and Research, 7, 131-148.

Kadushin, C. (1966). The friends and supporters of psychotherapy: On social circles in urban life. American Sociological Review, 31, 786-802.

LaRocco, J., House, J., & French, J. (1980). Social support, occupational stress and health. Journal of Health and Social Behavior, 21(3), 202-218.

Leavy, R.L. (1983). Social support and psychological disorder: A review. Journal of Community Psychology, 11, 3-21.

Lee, G.R. (1982). Effects of social networks on the family. In G.R. Lee (Ed.), Family structure and interaction: A comparative analysis. Minneapolis, MN: University of Minnesota Press.

Leutz, W.N. (1976). The informal community caregiver: A link between the health care system and local residents. American Journal of Orthopsychiatry, 46, 678-688.

Lieberman, M.A., & Mullen, J.T. (1978). Does help help? The adaptive consequences of obtaining help from professionals and social networks. American Journal of Community Psychology, 6 (5), 499-517.

Lieberman, M.A., & Glidwell, J.C. (1978). Overview: Special issue on the helping process. American Journal of Community Psychology, 6(5), 405-411.

Lin, N., Ensel, W., Simeone, R., & Wen, K. (1979). Social support, stressful life events, and illness: A model and an empirical test. Journal of Health and Social Behavior, 20, 108-119.

Lin, N., Woelfel, M.W., & Light, S.C. (1985). The buffering effect of social support subsequent to an important life event. Journal of Health and Social Behavior, 26 (September), 247-263.

Lindblad-Goldberg, M., & Dukes, J.L. (1985). Social support in Black, low-income, single-parent families: Normative and dysfunctional patterns. American Journal of Orthopsychiatry, 55,(1), 43-58.

Linn, J.G., & McGranahan, D.A. (1980). Personal disruptions, social integration, subjective well-being, and predisposition toward the use of counseling services. American Journal of Community Psychology, 8(1), 87-100.

Martin, E.P., & Martin, J.M. (1978). The Black extended family. Chicago: University of Chicago Press.

Martineau, W. (1977). Informal social ties among urban Black Americans: Some new data and a review of one problem. Journal of Black Studies, 8, 83-105.

McAdoo, H. (1978). Factors related to stability in upwardly mobile Black families. Journal of Marriage and the Family, November, 761-776.

McAdoo, H.P. (1981). Black families. Beverly Hills, CA.: Sage.

McAdoo, H.P. (1982). Levels of stress and family support in Black families. In H.I. Mc Cubbin, A. E. Cauble, & J. M. Patterson (Eds.) Family stress and coping. Springfield,IL.: Thomas.

McFarlane, A.H., Neale, K.A., Norman, G.R., Roy, R.G., & Streiner, D.L. (1981). Methodological issues in developing a scale to measure social support. Schizophrenia Bulletin, 7, 90-100.

McKinlay, J.B. (1973). Social networks, lay consultation and help seeking behavior. Social Forces, 51, 275-293.

McLanahan, S.S., Wedemeyer, N.V., & Adelberg, T. (1981). Network structure, social support, and psychological well-being in the single-parent family. Journal of Marriage and the Family, 73, 601-612.

Milburn, N.G., Thomas, V.G., & Gary, L.E. (1984, March). The nature of social network relationships among Black Americans. Paper presented at the 30th anniversary meeting of the Southeastern Psychological Association, New Orleans, LA.

Mitchell, C. (1969). The concept and use of social networks. In C. Mitchell (Ed.), Social networks in urban situations. Manchester, England: Manchester University.

Mitchell, R.E., & Trickett, J. (1980). Task force report: Social networks as mediators of social support--An analysis of the effects and determinants of social networks. Community Mental Health Journal, 16 (1), 27-44.

Moynihan, D.P. (1965). The Negro family: A case for national action. U.S. Department of Labor, Office of Policy, Planning and Research. Washington, DC: U.S. Government Printing Office.

Neighbors, H.W. (1981, April). Seeking professional help for personal problems: Some preliminary findings from the National Survey of Black Americans' data on the "Use of Help Resources." Paper presented at the thirteenth annual conference of the National Association of Black Social Workers, Atlanta, GA.

Neighbors, H.W. (1984). Professional help use among Black Americans: Implications for unmet need. American Journal of Community Psychology, 12(5), 551-566.

Neighbors, H.W., & Jackson, J.S. (1984). The use of informal and formal help: Four patterns of illness behavior in the Black community. American Journal of Community Psychology, 12(6), 629-644.

Nobles, W. (1976). Extended self: Rethinking the so-called Negro self-concept. Journal of Black Psychology, 4, 21-27.

Oritt, E.J., Paul, S.C., & Behrman, J.A. (1985). The perceived support network inventory. American Journal of Community Psychology, 13(5), 565-582.

Pearlin, L.I., Lieberman, M.A., Monoghan, E.G., & Mullan, J.T. (1981). The stress process. Journal of Health and Social Behavior, 22(4), 337-356.

Phillips, S.L., & Fischer, C.S. (1981). Measuring social support networks in the general population. In B.S. Dohrenwend & B.P.Dohrenwend (Eds.), Stressful life events and their contexts. New York: Prodist.

Popiel, D.A., & Susskind, E.C. (1985). The impact of rape: Social support as a moderator of stress. American Journal of Community Psychology, 13(6), 645-676.

Potaznick, H. & Nelson, G. (1984). Stress and social support: The burden experienced by the family of a mentally ill person. American Journal of Community Psychology, 12(5), 657-588.

Procidano, M.E., & Heller, K. (1983). Measures of perceived social support from friends and from family: Three validation studies. American Journal of Community Psychology, 11(1), 1-24.

Rainwater, L. (1966). Crucible of identity: The Negro lower-class family. Daedalus, 95, 172-216.

Rappaport, J. (1977). Community psychology. New York: Holt, Rinehart and Winston.

Riley, D., & Eckenrode, J. (1984, August). Social ties: Costs and benefits within differing subgroups. Paper presented at the annual meeting of the American Psychological Association, Toronto, Canada.

Sarason, I.G., Levine, H.M., Basham, R.B., & Sarason, B.R. (1983). Assessing social support: The social support questionnaire. Journal of Personality and Social Psychology, 44, 127-139.

Schreiber, S.T., & Glidewell, J.C. (1978). Social norms and helping in a community of limited liability. American Journal of Community Psychology, 6 (5), 441-453.

Shinn, M., Lehmann, S., & Wong, N.W. (1984). Social interaction and social support. Journal of Social Issues, 40(4), 55-76.

Shulman, N. (1976). Network analysis: A new addition to an old bag of tricks. Acta Sociologica, 19 (4), 307-323.

Shumaker, S.A., & Brownell, A. (1984). Toward a theory of social support: Closing conceptual gaps. Journal of Social Issues, 40(4), 11-36.

Slater, J., & Depue R.A. (1981). The contributions of environmental events and social support to serious suicide attempts in primary depressive disorder. Journal of Abnormal Psychology, 90, 275-285.

Stack, C. (1974). All our kin: Strategies for survival in a Black community. New York: Harper and Row.

Staples, R. (1971). The Black family: Essays and studies. Belmont, NJ: Wadsworth.

Staples, R., & Mirande, A. (1980). Racial and cultural variations among American families: A decennial review of the literature on minority families. Journal of Marriage and the Family, November, 887-904.

Stokes, J.P. (1983). Predicting satisfaction with social support from social network structure. American Journal of Community Psychology, 11 (2), 141-152.

Strong, C., & Glidewell, J.C. (1983, August). Dimensions of social support. Paper presented at the annual meeting of the American Psychological Association, Anaheim, CA.

Tardy, C.H. (1985). Social support measurement. American Journal of Community Psychology, 13(2), 187-202.

Taylor, R., Jackson, J., & Quick, A. (1982). The frequency of social support among Black Americans. Urban Research Review, 8 (2), 1-4, 11.

Thoits, P.A. (1982). Conceptual, methodological, and theoretical problems in studying social support as a buffer against life stress. Journal of Health and Social Behavior, 23, 145-159.

Tolsdorf, C.C. (1976). Social networks, support, and coping: An exploratory study. Family Process, 15, 407-417.

Turner, R.J. (1981). Social support as a contingency in psychological well-being. Journal of Health and Social Behavior, 22, 357-367.

United States Commission on Civil Rights. (1983, May). A growing crisis: Disadvantaged women and their children.(Clearinghouse Publication No. 78). Washington, DC: United States Commission on Civil Rights.

Vaux, A., & Harrison, D. (1985). Support network characteristics associated with support satisfaction and perceived support. American Journal of Community Psychology, 13(3), 245-268.

Warheit, G., Vega, W., Shimizu, D., & Meinhardt, K. (1982). Interpersonal coping networks and mental health problems among four ethnic groups. Journal of Community Psychology, 10 (4), 311-324.

Wellman, B. (1981). Applying network analysis to the study of support. In B.H. Gottlieb (Ed.), Social networks and social support. Beverly Hills, CA: Sage.

Wellman, B. (1982). Studying personal communities in East York. In N. Lin & P. Marsden (Eds.), Social networks and social structure. Beverly Hills, CA.: Sage.

Whitehead, T.L., Frate, D.A., & Johnson, S.A. (1984). Control of high blood pressure from two community-based perspectives. Human Organization, 43(2), 163-167.

Wilcox, B.L. (1981). Social support, life stress, and psychological adjustment: A test of the buffering hypothesis. American Journal of Community Psychology, 9 (4), 371-386.

Windle, C. (1980). Correlates of community mental health center under service to nonwhites. Journal of Community Psychology, 8, 140-146.

Zur-Szpiro, S., & Longfellow, C. (1982). Fathers' support to mothers and children. In D. Belle (Ed.), Lives in stress: Women and depression. Beverly Hills, CA: Sage.

SELECTED BIBLIOGRAPHY ON SOCIAL SUPPORT

Anderson, J.G., & Gray-Toft, P.A. (1982, September). Organizational stress, social support and coping: A social network analysis of hospital nursing units. Paper presented at the annual meeting of the American Sociological Association, San Francisco, CA.

Auslander, G. (1984, June). Social networks and health status: Implications for social workers. Paper presented at the NASW National Health Conference, Washington, D.C.

Barrera, Jr., M., & Balls, P. (1983). Assessing social support as a preventive resource: An illustrative study. Prevention in Human Services, 2(4), 59-74.

Beshers, J.M., & Laumann, E.O. (1967). Social distance - A network approach. American Sociological Review, 32(2), 225-236.

Blazer, D.G. (1983). Impact of late-life depression on the social network. American Journal of Psychiatry, 140(2), 162-166.

Boorman, S.A., & White, H.C. (1976). Social structure from multiple networks, Part II. Role structures. American Journal of Sociology, 81(6), 1384-1446.

Bott, E. (1955). Urban families: Conjugal roles and social networks. Human Relations, 8, 345-384.

Bowen, G.L. (1982). Social network and the maternal role satisfaction of formerly - married mothers. Journal of Divorce, 5(4), 77-85.

Brown, D.R., & Gary, L. (1985). Social support differential among married and non-married Black females. Psychology of Women Quarterly, 9, 229-241.

Brown, H., Adams, R.G., & Kellam, S.G. (1981). A longitudinal study of teenage motherhood and symptoms of distress: The Woodlawn Community Epidemiological Project. Research in Community and Mental Health, 2, 183-213.

Brownell, A., & Shumaker, S.A. (1984). Social support: An introduction to a complex phenomenon. Journal of Social Issues, 40(4), 1-9.

Brownell, A., & Shumaker, S.A. (1985). Where do we go from here? The policy implications of social support. Journal of Social Issues, 41(1), 111-122.

Bruhn, J.G., & Phillips, B.U. (1984). Measuring social support: A synthesis of current approaches. Journal of Behavioral Medicine, 7(2), 151-169.

Burke, R.J., & Weir, T. (1977). Marital helping relationships: The moderators between stress and well-being. Journal of Psychology, 95, 121-130.

Caldwell, R.A., Bogat, G.A., Kriegler, J.A., & Rogosch, F. (1984, August). Social support: Interrelationships between type, source, and satisfaction. Paper presented at the annual meeting of the American Psychological Association, Toronto, Canada.

Chapman, N.J., & Pancoast, D.L. (1985). Working with the informal helping networks of the elderly: The experiences of three programs. Journal of Social Issues, 41(1), 47-64.

Cochran, M.M., & Brassard, J.A. (1979). Child development and personal social networks. Child Development, 50, 601-616.

Cohen, L.H., McGowan, J., Fooskas, S., & Rose, S. (1984). Positive life events and social support and the relationship between life stress and psychological disorder. American Journal of Community Psychology, 12(5), 567-587.

Colletta, N.D. (1979). Support systems after divorce: Incidence and impact. Journal of Marriage and the Family, November, 837-846.

Cronenwett, L.R., & Kunst-Wilson, W. (1981). Stress, social support, and the transition to fatherhood. Nursing Research, 30, 196-201.

Dawkins, M., Dawkins, M.P., & Terry, J.A., III. (1979). Personality and lifestyle characteristics of users and nonusers of mental health services in an urban Black community. The Western Journal of Black Studies, 3(1), Spring, 43-52.

Dell, P., & Appelbaum, A. (1977). Trigenerational enmeshment: Unresolved ties of single-parents to family of origin. American Journal of Orthopsychiatry, 47(1), 52-59.

Dinkel, R.M. (1974). Attitudes of children toward supporting aged parents. American Sociological Review, 9, 370-379.

Downey, G., & Moen, P. (1984, October). Personal efficacy and income dynamics: A study of women heading households. Paper presented at the NCFR Theory and Methods Workshop, San Francisco, CA.

Dunkel-Schetter, C. (1984). Social support and cancer: Findings based on patient interviews and their implications. Journal of Social Issues, 40(4), 77-98.

Echenrode, J. (1983). The mobilization of social supports: Some individual constraints. American Journal of Community Psychology, 11(5), 509-528.

Feld, S.L. (1981). The focused organization of social ties. American Journal of Sociology, 86(5), 1015-1035.

Finlayson, A. (1976). Social networks as coping resources: Lay help and consultation patterns used by women in husbands' post-infraction career. Social Science and Medicine, 10, 97-103.

Fiore, J., Becker, J., & Coppel, D.B. (1983). Social network interactions: A buffer or a stress. American Journal of Community Psychology, 11(4), 423-439.

Fischer, A., Beasley, J.D., & Harter, C.L. (1968). The occurrence of the extended family at the origin of the family of procreation: A developmental approach to Negro family structure. Journal of Marriage and the Family, May, 290-300.

Fox, J.W. (1984). Sex, marital status, and age as social selection factors in recent psychiatric treatment. Journal of Health and Social Behavior, 25, 394-405.

Frankel, B.G., & Nuttal, S. (1982, September). The role of social support in the stress process: Further explication of a model. Paper presented at the annual meeting of the American Sociological Association, San Francisco, CA.

Funch, D.P., & Marshall, J.R. (1984). Measuring life stress: Factors affecting fall-off in the reporting of life events. Journal of Health and Social Behavior, 25, 453-464.

Gore, S. (1981). Stress-buffering functions of social supports: An appraisal and clarification of research models. In B.S. Dohrenwend & B.P. Dohrenwend (Eds.), Stressful life events and their contexts (pp. 202-222). New York: Prodist.

Gottlieb, B.H. (in press). Social support and the study of personal relationships. Journal of Social and Personal Relationships.

Gouldner, A.W. (1960). The norm of reciprocity: A preliminary statement. American Sociological Review, 25, 161-178.

Greenblatt, M., Becerra, R.M., & Serafetinides, E.A. (1982). Social networks and mental health: An overview. American Journal of Psychiatry, 139(8), 977-984.

Hall, A., & Wellman, B. (1982, September) Support and non-support: A network analytic approach. Paper presented at the annual meeting of the American Sociological Association, San Francisco, CA.

Heller, K., & Mansbach, W.E. (1984). The multifaceted nature of social support in a community sample of elderly women. Journal of Social Issues, 40(4), 99-112.

Hinrichsen, T.A., Revenson, T.A., & Shinn, M. (1985). Does self-help help? An empirical investigation of scoliosis peer support groups. Journal of Social Issues, 41(1), 65-88.

Holahan, C.J., & Moos, R.H. (1981). Social support and psychological distress: A longitudinal analysis. Journal of Abnormal Psychology, 90(4), 365-370.

Hough, R.A., & Stevens, J.H. (1981). Social networks as supports for parenting. Young Children, 36(3), 50-60.

Hoyt, D.R., & Babchuk, N. (1983). Adult kinship networks: The selective formation of intimate ties with kin. Chapel Hill, NC: University of North Carolina Press.

Hughes, M., & Gove W.R. (1981). Living alone, social integration, and mental health. American Journal of Sociology, 87(1), 48-74.

Husaini, B.A., Neff, J.A., Newbrough, J.R., & Moore, M.C. (1982). The stress-buffering role of social support and personal comptence among the rural married. Journal of Community Psychology, 10, 409-426.

Irving, H.W. (1975). Distance, intensity, kinship: Key dimensions of social interaction. Sociology and Social Research, 60(1), 77-86.

Kadushin, C. (1962). Social distance between client and professional. The American Journal of Sociology, 67, 517-531.

Kaplan, B.H., Cassel, J.C., & Gore, S. (1977). Social support and health. Medical Care, 15(5)(supplement), 47-58.

Lin, N., & Dumin, M. (1982, September). Access to occupations through social ties. Paper presented at the annual meeting of the American Sociological Association, San Francisco, CA.

Lin, N., & Wang, L. (1985). Social support, life events and depression: Models and evidence. Rochester, NY: University of Rochester, Doctoral Program in Nursing and Sigma Theta Tau, Epsilon Xi Chapter.

Liotta, R.F., & Jason, L.A. (1983, August). A behavioral approach for measuring social support. Paper presented at the annual meeting of the American Psychological Association, Anaheim, CA.

Malson, M. (1983). Black women's sex roles: The social context for a new ideology. Journal of Social Issues, 39(3), 101-113.

Malson, M. R. (1983). Black families and child rearing support networks. Research in the Interweave of Social Roles: Jobs and Families, 3, 131-141.

Marsden, P.V., & Campbell, K.E. (1984). Measuring tie strength. Social Forces, 63(2), 482-501.

McAdoo, H. (1978). The impact of extended family variables upon the upward mobility of Black families. Washington, DC: U.S. DHEW, Office of Child Development.

Milburn, N.G., Brown, D.R., & Gary, L.E. (1985, March). Correlates of depressive symptoms in single Black women. Paper presented at the annual meeting of the Eastern Psychological Association, Boston, MA.

Milburn, N.G., Brown, D.R., & Gary, L.E. (1984, June). Depressive symptoms and social network characteristics. Paper presented at the National Association of Social Workers Health Conference, Washington, DC.

Mitchell, R.E., & Moos, R.H. (1984). Deficiencies in social support among depressed patients: Antecedents or consequences of stress? Journal of Health and Social Behavior, 25, 438-452.

Mitchell, R.E., & Trickett, E.J. (1980). Task force report: Social networks as mediators of social support--an analysis of the effects and determinants of social networks. Community Mental Health, 16(1), 27-43.

Moore, S.M. (1983). Social support and disorder: Toward an untangling of cause and effect. American Journal of Community Psychology, 11(1), 81-97.

Myers, J.M., & Drayer, C.S. (1979). Support systems and mental illness in the elderly. Community Mental Health Journal, 15(4), 277-286.

Neighbors, H.W. (1984). The distribution of psychiatric morbidity in Black Americans: A review and suggestions for research. Community Mental Health Journal, 20(3), 169-181.

Neighbors, H.W. (in press). Seeking professional help for personal problems: Black Americans use of health and mental health services. Community Mental Health Journal.

Neighbors, H.W. (in press). The use of social service agencies by Black Americans. Social Services Review.

Neighbors, H.W. (1985). The relationship of family income and psychological distress in adult Blacks: The influence of problem type and measurement strategy. Ann Arbor, MI: University of Michigan, Institute for Social Research, Program for Research on Black Americans.

Nobles, W.W. (1978). Toward an empirical and theoretical framework for defining Black families. Journal of Marriage and the Family, November, 679-688.

Norbeck, J.S. (1981). The development of an instrument to measure social support. Nursing Research, 30, 264-269.

Norbeck, J.S. (in press). Types and sources of social support for managing job stress in critical care-nursing. Nursing Research.

Norbeck, J.S., Lindsey, A.M., & Carrieri, V.L. (1983). Further development of the Norbeck Social Support Questionnaire: Normative data and validity testing. Nursing Research, 32, 4-9.

Pattison, E.M., DeFrancisco, D., Wood, P., Frazier, H., & Crowder, J. (1975). A psychosocial kinship model for family therapy. American Journal of Psychiatry, 132(12), 1246-1251.

Paykel, E.S., Emms, E.M., Fletcher, J., & Rassaby, E.S. (1980). fe events and social support in puerperal depression. British Journal of Psychiatry, 136, 339-346.

Pearlin, L.I., & Schooler, C. (1978). The structure of coping. Journal of Health and Social Behavior, 19, 3-21.

Phillips, S.L., & Fischer, C.S. (1981). Measuring social support networks in general populations. In B.S. Dohrenwend & B.P. Dohrenwend (Eds.), Stressful life events and their contexts (pp. 223-233). New York: Prodist.

Prociando, M.E. (1983, August). The importance of individual differences in social support research. Paper presented at the annual meeting of the American Psychological Association, Anaheim, CA.

Riley, D. (1983, April). Social network influence on father involvement in child rearing. Paper presented at the biennial meeting of the Society for Research in Child Development, Detroit, MI.

Rook, K.S. (1984). The negative side of social interaction: Impact on psychological well-being. Journal of Personality and Social Psychology, 43, 1097-1108.

Rook, K.S., & Dooley, D. (1985). Applying social support research: Theoretical problems and future directions. Journal of Social Issues, 41(1), 5-28.

Sarason, S.B. (1976). Community psychology, networks, and Mr. Everyman. American Psychologist, 31(5), 317-328.

Snow, D.L., & Gordon, J.B. (1980). Social network analysis and intervention with the elderly. The Gerontologist, 20(4), 463-467.

Stokes, J.P., & Wilson, D.G. (1984). The inventory of socially supportive behaviors: Dimensionality, prediction, and gender differences. American Journal of Community Psychology, 12(1), 53-69.

Strayhorn, G. (1980). Social supports, perceived stress, and health: The Black experience in medical school - a preliminary study. Journal of the National Medical Association, 72(9), 869-881.

Tilden, V.P., & Galyen, R.D. (in press). Cost and conflict: The darker side of social support. Western Journal of Nursing Research.

Tinsley, B.R., & Parks, R.D. (1983). Grandparents as support and socialization agents. In M. Lewis (Ed.), Beyond the dyad. New York: Plenum.

Turkat, D. (1980). Social networks: Theory and practice. Journal of Community Psychology, 8, 99-109.

Turner, R. J. (1983). Direct, irdirect, and moderating effects of social support on psychological distress and associated conditions. In H.B. Kaplan (Ed.), Psychosocial stress: Trends in theory and research. New Yo k: Academic.

Turner, R.J., & Noh, S. (1982, September). Social support, life events and psychological distress: A three wave panel analysis. Paper presented at the annual meeting of the American Sociological Association, San Francisco, CA.

Unger, D.G., & Wandersman, L.P. (1985). Social support and adolescent mothers: Action research contributions to theory and applications. Journal of Social Issues, 41(1), 29-46.

Vanfossen, B.E. (1981). Sex differences in the mental health effects of spouse support and equity. Journal of Health and Social Behavior, 22, 130-143.

Wandersman, L.P., & Unger, D.G. (1983, April). Interaction of infant difficulty and social support in adolescent mothers. Paper presented at the biennial meeting of The Society for in Child Development, Detroit, MI.

Wiesenfeld, A.R., & Weis, H.M. (1979). Hairdressers and helping: Influencing the behavior of informal caregivers. Professional Psychology, December, 786-792.

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